Communicable Disease Branch Coronavirus Disease (COVID-19) Weekly Key Points

July 14, 2020

The North Carolina Division of Public Health (NC DPH) Communicable Disease Branch will be releasing COVID-19 weekly key points that includes information discussed on the bi-weekly Tuesday Local Health Department call. Recordings of the call will not be made available; please use the information below as a summary of the topics presented on the call. As guidance changes, please use the most recent information provided. For questions, contact the NC DPH Communicable Disease Branch 24/7 Epidemiologist on Call at **919-733-3419**.

Important updates

- **New: [Steps for People After COVID-19 Testing](#)**
- **New: [CCTO Spanish-Language Capabilities](#)**
- **New: [Spanish: Resources and Information About COVID-19](#)**
- **New: [Spanish: Check My Symptoms](#)**
- **New: [Guidance for Point-Prevalence Surveys (PPS) in Skilled Nursing Facilities](#)**
- **New:** Find My Testing Place LHD Upload Instructions (file attached)
- **New:** LabCorp Territory Coverage (file attached)
- **Updated: [NC DHHS & CDC Guidance for Correctional Facilities](#)**
- **Updated: Find My Testing Place** (file attached)

Contact Tracing

The Spanish language translation of the *Check My Symptoms* tool and the CCTO tool's contact tracing digital outreach messages (including the daily assessments) are now completed. The Spanish language *Check My Symptoms* tool is now live! The CCTO tool digital outreach messages and assessments will automatically go out in Spanish if you select Spanish as the patient's primary language on the contact page. The incoming responses will still be shown in English. A one page document explaining how to switch the outgoing texts/emails and assessments to Spanish is located here:
https://epi.dph.ncdhhs.gov/cd/lhds/manuals/cd/coronavirus/CCTO%20Spanish%20Update%20One%20Pager%20(1).pdf?ver=1.0

The public facing NC DHHS Contact tracing FAQs are also available in Spanish:
https://covid19.ncdhhs.gov/materials-resources/espanol-recursos-e-informaci%C3%B3n-acerca-del-covid-19
The FAQs were distributed through the NC Outreach Team Newsletter on Monday, July 12. If you are not on that listserv and would like to be, please email the CCTO Tool helpdesk at: Covid19CTSoftwareQuestion@dhhs.nc.gov

Additional changes to the CCTO tool include:
- The county variable is now a dropdown list rather than a free text field, which provides uniformity of data entry and makes contacts easily searchable by county
- Contacts now have a unique ID#

- NC EDSS ID# is now a validated field and will only except 9 digits starting with 1. *If you were entering in the name of the source case into this variable while waiting for the creation of an NC EDSS ID#, you will no longer be to do this. However, but you can use the "notes" option in the tool if you still need to document the source cases' information prior to having/knowing the NC EDSS ID#.*
- A field has been added under the contact/case variable to enter an NC EDSS ID#, for use if a contact becomes a case, so please document the contact's new NCEDSS case number. This new field can also be used if LHDs want to use the CCTO tool to monitor cases during their isolation period you (just remember to make sure the contact/case variable is changed to "case").

Please note, daily monitoring of cases and contacts is no longer recommended:
- Health department staff conduct an initial assessment for resource needs that might warrant frequent contact during the isolation or quarantine period.
- Residents should be given contact numbers for their LHD and instructed to call if a resource need arises or they develop signs or symptoms of COVID-19.
- If no needs are identified, residents should, at a minimum, be contacted again at the end of their stay home period to make sure they meet the end of isolation/quarantine criteria and can be released.
- Please encourage the use of the automated monitoring platforms in the CCTO tool (e.g. text or email) whenever possible.

The Contact Tracing team has frequently encountered the following question: *Do recovered COVID-19 cases who are re-exposed to the virus need to quarantine?*
To date there is no good data to provide definitive recommendations on this issue but based on preliminary data, we recommend the below (this guidance is subject to change as additional data becomes available):
- Re-exposures within three months (<12 weeks) of case recovery, do not need to quarantine.
- Re-exposures greater than three months (≥12 weeks) of case recovery, should be quarantined for 14 days.
  - These individuals should be advised to monitor themselves for symptom onset or worsening (if they never returned to baseline health status)
  - We do not recommend that they get retested for COVID-19, unless clinically indicated and advised to do so by their PMD. This is because individuals can continue to have detectable virus by PCR days to weeks after they have met the end of isolation criteria, but this doesn't necessarily correlate to viable virus (meaning the virus is able to infect others).

Requesting CCNC surge staff can be done by sending a brief email to: cctc-staffing@communitycarenc.org

Clinical Infection Prevention Guidance

NC guidance on the point prevalence survey (PPS) testing initiative can be found here.
Key recommendations regarding testing are as follows:
- Skilled nursing facilities that have not completed PPS on or after May 18th will have PPS conducted through a partnership with CVS Health and NC DHHS. The official press release can be viewed here: https://www.ncdhhs.gov/news/press-releases/ncdhhs-launches-testing-initiative-nursing-homes
- After completing baseline testing, skilled-nursing facilities should perform at least bi-weekly testing for staff.

If one or more cases are identified in residents or staff, long-term care facilities should conduct repeat testing of all negative residents and staff weekly until there are no new cases of SARS-CoV-2 infection among residents or staff for a period of at least 14 days since the most recent positive result.

Outbreaks

If your county has an outbreak that involves residents of multiple counties, please be sure to share the outbreak event with the respective counties. Linking and sharing go hand in hand. Linked events that are not shared will be invisible to other counties, even if that county has residents associated with your county's outbreak event. Be sure to link AND share. If you need assistance linking and sharing events, you can reach out to the NC EDSS Helpdesk: _NCEDSSHelpDesk@dhhs.nc.gov_ or (919) 715-5584 or Toll Free: 1-877-625-9259

Many counties have inquired why outbreaks are still posted on the website after the outbreak has ended. We review each outbreak/cluster to verify when they end. In doing so, we consider four dates. For those who are symptomatic, we look at the last symptom onset listed in the results package and another listed in the linked events. For asymptomatic persons, we look at the first positive in the most recent case listed in the results package and linked events as well. We add 28 days to the latest of those four dates determine when an outbreak has concluded and will be removed from the website report. If you believe an outbreak should be removed from the website, please reach out to Neeti Karmacharya at Neeti.Karmacharya@dhhs.nc.gov

NC DHHS will begin reporting data on clusters in aggregate on the DHHS COVID website dashboard. The data will include the number of clusters in educational, occupational, healthcare, religious, and other community settings, the number of cases and deaths in those settings, and the addition of clusters to the maps that currently shows outbreaks.

COVID-19 Preparation in Local Jails

LHDs can assist local jails in preparation for COVID-19 positive detainees in the facility by:
- Reviewing jail infection prevention plan:
  - Encourage jail to have staff, detainees, and visitors wear face coverings.
  - Integrate symptom screening of staff, detainees, and visitors into routine practices.
- Creating a plan for:
  - Where jail staff can get tested
  - Diagnostic (PCR) testing of staff and detainees in an outbreak
  - Where to medically isolate COVID-19 positive or symptomatic individuals
  - Where to quarantine contacts for 14 days
  - Alternate locations in case of overcrowding
  - What to do if several wardens are sick
- Discussing the feasibility of:
  - Routine intake quarantine and testing of new detainees for 14 days
  - Testing before inmate movement, release, or transfer outside of the facility
  - Whether the facility has the resources to do proactive, broad based testing of staff and detainees for early identification if there is widespread community transmission

- Outbreak testing strategies:
  - Test all individuals with signs or [symptoms consistent with COVID-19](#) and their [contacts](#) using diagnostic viral testing
  - To control transmission, testing of asymptomatic individuals with recent known or suspected exposure to SARS-CoV-2 is encouraged
- Other considerations:
  - Medical isolation ≠ Solitary Confinement. Detainees in medical isolation can be given increased access to phone and video calls so that it is not a punitive isolation.
  - NC EDSS outbreak events should be updated frequently so that outbreaks can be closed after 28 days with no new cases
  - If you require any assistance on jail outbreaks, infection prevention, or testing in local jails, please contact Myra Allen: myra.g.allen@dhhs.nc.gov
  - NC DHHS and CDC Guidance for Correctional Facilities can be found here: https://covid19.ncdhhs.gov/guidance#correctional-facilities

Laboratory Testing – LabCorp

LabCorp has made the following statements to address the concerns about turnaround time and specimen prioritization at LabCorp:

- LabCorp confirmed that the only specimens they prioritize are those submitted from acute care hospitals for patients whose results will impact management. LabCorp is working with hospital clients to assure only those specimens from these patients are requested for prioritization.
- LabCorp confirmed that they are not asking Local Health Departments to delay any test efforts. However, they have requested some clients delay testing that will not immediately impact patient care and public health response.
- If there are any concerns about LabCorp testing, the local area representatives listed on the attached document should be contacted for assistance.

Find My Testing Place

To improve testing access for those who are uninsured, the *Find My Testing Place* upload form has been updated to include a field to indicate free testing sites. We recommend test sites update their listing on *Find My Testing Place* to include this information, so that up-to-date information is provided to the community. The attached 'Find My Testing Place LHD Upload Instructions' has been updated to include instructions for completing this new field.

Please help us improve the accuracy of testing site information, by completing the following:
1. For sites currently listed on Find My Testing Place:
   a. Please copy the test site information from the "Currently on UI" tab to the "To be updated" tab.
   b. Update the new field "Cost of test" to indicate whether the testing site is free for uninsured and there is no co-pay or co-insurance for those with insurance. If the site is free, enter "0". If there are costs associated with swabbing, lab, visit/screening etc. or if the cost is unknown, leave the field blank.

2. For new testing sites
    a. Add the new test site location and information on the "To be added" tab and update the "Cost of test" field as indicated above.

Please continue to review the updated 'Find My Testing Place LHD' Excel file weekly to ensure information is up to date and accurate. Please send the updated files or any related questions to SVC_Covid-19TestingSites@dhhs.nc.gov